

EV549896079

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 910.00

Complete if Known

Application Number	09/756,052
Filing Date	1/5/2001
First Named Inventor	Liu et al.
Examiner Name	GWEN LIANG
Art/Unit	2172
Attorney Docket No.	MS1 - 711US

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	200	=			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One Month Extension of Time (\$120); RCE (\$790)

Fees Paid (\$)

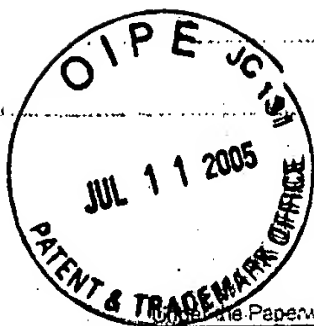
910.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44421	Telephone (509) 324-9256
Name (Print/Type)	Brian G. Hart			Date 7/12/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EV549896079

PTO/SB/21 (03-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM		Application Number	
(to be used for all correspondence after initial filing)		09/756,052	
		Filing Date	
		1/5/2001	
		First Named Inventor	
		Liu et al.	
Group Art Unit		2172	
Examiner Name		GWEN LIANG	
Attorney Docket Number		MS1-711US	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached		<input type="checkbox"/> Drawing(s)	
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final		<input type="checkbox"/> Licensing-related Papers	
<input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Petition	
<input checked="" type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Petition to Convert to a Provisional Application	
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Power of Attorney, Revocation	
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Certified Copy of Priority Documents		<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> CD, Number of CD(s)	
		<input type="checkbox"/> After Allowance Communication to Group	
		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
		<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
		<input type="checkbox"/> Proprietary Information	
		<input type="checkbox"/> Status Letter	
		<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		Request for Continued Examination (RCE)	
		Transmittal	
		Return Receipt Postcard	
Remarks			
22801			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	Brian G. Hart/Reg. No. 44421		
Signature			
Date	July 12, 2005		

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	LeAnn M. Sassman
Signature	
Date	7/12/05

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